

Inside OUT

The Newsletter of the CDC/HRSA Corrections Demonstration Projects

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Correctional Technical Assistance and Training Project of SEATEC and the National Minority AIDS Council

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Demonstration Projects Well Represented at Grantee Conference

by Jackie Zalumas, Corrections Technical Assistance and Training Projects

The Ryan White CARE Act 2002 Grantee Conference, "We CARE, We Act" was held August 20-23 in Washington, DC. Three panels were presented by grantees of the HRSA/CDC sponsored Corrections Demonstration Projects.

Discharge Planning/Transitional Case Management in Correctional Settings

Dr. Kimberly Jacob Arriola, Emory University, Evaluation and Support Center; Kendall D. Moore, Chicago Department of Public Health; and David Andress, Duval County Florida Health Department

The panel described tailored approaches to providing discharge planning and case management in prisons/jails through the Corrections Demonstration Project (CDP). Dr. Arriola led the discussion with aggregate data from the Chicago and Florida Projects, presented preliminary quantitative data to describe the ability of these programs to connect clients to key services, showed the effect of intensive case management on reintegration for HIV-infected inmates and highlighted the gaps in services available to the community.

Kendall D. Moore and David Andress made presentations on barriers faced by HIV-infected inmates/releases accessing health and social services before and after release and also identified the gaps specific to the Chicago and Florida Projects. Moreover, the need for transitional discharge planning for HIV positive inmates, and the benefits of providing case management/discharge planning from correctional settings were identified.



Panel members, left to right: Hugh Potter, Jackie Zalumas, Linda Levinson, Dwight Clark.

Discharge Planning: Community Resources, Linkages With CBOs and Other Provider Networks In Corrections: Training As a Facilitator of Continuity of Care, The Corrections Experience

Hugh Potter, CDC; Jackie Zalumas and Linda Levinson, Emory University, SEATEC, Corrections Technical Assistance and Training Project; and Dwight Clark, National Minority AIDS Council

This panel reviewed the Technical Assistance (TA) activities provided by the Corrections Demonstration Project by two of the three providers: National Minority Aids Council and the Corrections Technical Assistance Project. A history and overview of the project was presented, enlightening the audience with the complicated issues found in corrections that spurned this initiative. Some of the activities highlighted by the panelists included

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Inside OUT Spotlight

Melinda Joyce Tinsley

Public Health Analyst, Demonstration Project Development and Evaluation Branch, HIV/AIDS Bureau, Office of Science and Epidemiology, HRSA

Melinda J. Tinsley is a Public Health Analyst in the Health Resources and Services Administration's HIV/AIDS Bureau, in the Office of Science and Epidemiology. Currently, she is project officer for the Corrections Demonstration Project's Evaluation and Program Support Center (EPSC), Rollins School of Public Health and Abt Associates Inc., and the Correctional Technical Assistance and Training Project (CTAT) of the Southeast AIDS Training and Education Center (SEATEC), Emory University. In her role as project officer, Melinda provides lead consultation and programmatic guidance to the EPSC and CTAT in their implementation of technical assistance to the seven states, and in the conceptual format and ultimate development and dissemination of program models that both EPSC and CTAT develops.

Melinda's interest and passion for corrections began early, and was fostered and nurtured through two particularly rewarding and educational experiences. She graduated from the University of Maryland-Eastern Shore, with a Bachelors of Science degree in criminal justice. She prepared and wrote her undergraduate thesis on *Health Care in Correctional Settings*. After she completed her undergraduate studies and moved into the graduate arena, her interest and passion about the "revolving door" of corrections-community-corrections, only increased.

Upon graduating with a Masters in Administration (MA) in Legal, Ethical and Historical Studies from the University of Baltimore, in 1998 Tinsley went on to pursue a six-month internship at HRSA. Shadowing Philomena Green-Morsell, who then served as a lead trainer and project officer for a number of Special Projects of National Significance (SPNS) grantees, Tinsley was responsible for project site visits, providing one-on-one

consultation with grantees to help develop and revise program goals and objectives; and was responsible for modifying the overall project design. In fact, Melinda was right in the middle of the initial concept development of what's now known as the Corrections Demonstration Project.

In addition to serving as project officer for EPSC and CTAT, Tinsley has several other lead responsibilities that significantly impact the success of SPNS programs, in the effort



to ensure that program integrity is translated into quality care and services for its intended clients. Other responsibilities include:

- Lead/point person for the office's operations team where she coordinates objective reviews, ensures that the SPNS grantee reporting requirements are met and provides major programmatic and operational guidance to ten of seventeen nationally funded grantees that target outreach services to HIV positive persons currently not in medical care. The grantees are responsible for evaluating their current outreach, intervention efforts and developing an enhanced or modified outreach intervention based on those findings. Since the majority of those grantees are first-time SPNS, Tinsley spends extra time

and effort in making sure that grantees understand their roles and responsibilities, and provides additional technical assistance surrounding evaluation design and overall federal guideline adherence.

- Lead/point person for a Management Information System, which houses a computer database of project officer and grantee activities. Her role includes monitoring, managing and updating the computer database, as well as training SPNS personnel in securing database outcomes. She conducts group trainings on key program system components, database querying, data input and outcomes. This, of course, is a valuable resource to HRSA personnel and others since it houses important and timely information on the programmatic activities of project officers and tracks grantee activity and progress.
- Finally, a special source of professional pride and joy for Tinsley is the project she co-leads with an external consultant, "Long Term Outcomes of Providing HRSA SPNS Funding to Projects: A Retrospective Study." The goal of this study is to develop and publish a comprehensive manual that documents, through a detailed review of previously funded grantees who've completed their SPNS funding cycles, the major ways that SPNS grantees may have impacted the HIV/AIDS treatment system. Evidence of such an impact may be revealed in several

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From Prevention to Care: Have We Made Any Progress?

by Dwight Clark, MBA, Prison Initiative, National Minority AIDS Council

For the second straight conference, this year's United States Conference on AIDS (USCA) in Anaheim, California, offered an institute addressing HIV and health care within jails and prisons. During USCA 2000 in Atlanta (USCA 2001 was cancelled in the aftermath of the events of September 11), the Institute focused on making jails and prisons target sites for HIV/AIDS education, prevention and interventions. This year's institute, *From Prevention to Care: Have We Made Any Progress?*, focused on discharge planning and the continuum of care for HIV positive inmates being released from jails, along with the rising rate of HIV and hepatitis C co-infections in correctional facilities.

Joseph Bicks M.D., Director of HIV Treatment Services, California Medical Facility, Department of Corrections presented alarming statistics on the rising rate of hepatitis C in California's correctional facilities, particularly among HIV positive inmates. Hepatitis C infection is problematic for persons who are HIV positive because its deteriorating effect on the liver prevents HIV medications from metabolizing in the body. Consequently, co-infected individuals must receive treatment from physicians experienced in the treatment of both infections.

During the institute's afternoon session, Guy Vandenberg, Director of Home Base Continuum in San Francisco, California, gave an informative presentation of his program's services to HIV positive clients being released from area jails. Vandenberg explained how Home Base Continuum has been successful in providing housing to their clients being released. Nationally, finding and arranging housing for ex-offenders has been very difficult and housing is crucial in maintaining the continuum of care for HIV positive

clients. Because of the shortage of affordable housing and the stigmatization of people with HIV, housing has become a national problem. Hearing from a community based organization that has found success in this area gave the audience hope for the future.

The session ended with a presentation on discharge and transitional planning for HIV positive individuals from Cook County Correctional Facility. Ciunial Jones-Lewis, Director of Public Health Education for Cermak Health Services, and Reverend Doris Green, Coordinator of Transitional Case Management for AIDS Foundation of Chicago gave a presentation on their collaborative HIV services for inmates being released from Cook County, demonstrating how their organizations coordinate services to make sure the needs of their clients are being addressed.

To facilitate educational efforts, the National Minority AIDS Council's Prison Initiative Project is developing training sessions and publications addressing HIV and hepatitis C co-infection for community based organizations. Trainings and publications will focus on case management strategies for properly managing co-infected clients and will be offered beginning in the Spring of 2003.

Overall the HIV and Corrections Institute was a tremendous success. Over 100 people attended the daylong presentation and participant evaluations were overwhelmingly positive. The next USCA conference will be in New Orleans, LA, in September 2003 and organizers welcome any abstracts or topics suggestions for that HIV and Corrections Institute. Send information to Dwight Clark, Program Manager, Prison Initiative Project, National Minority AIDS Project, 1931 13th Street, NW, Washington, DC 20009. ♦

Fostering Healthy Outcomes

by Jackie Zalumas, Corrections Technical Assistance and Training Projects



Debra Lenhart and Linda Wills of the Los Angeles Sheriff's Department, present the model from the Community Transition Unit.

The 3rd Centerforce Summit, *Inside-Out: Fostering Healthy Outcomes*, was held in San Diego October 7-9, 2002.

Featuring the largest participation in conference history, more than 200 participants gathered. The meeting began with a panel, *Voices of the Families Left Behind: Real Life Testimonies of Four Young Adults*, four young adults speaking about living and growing up as the child of an incarcerated parent and the long-term impacts on their lives and current familial relationships.

Several thoughtful plenary speakers addressed public health and post-incarceration parenting and a panel moderated by John Miles presented models for linking corrections and public health.

The workshop presentations presented a range of thoughtful topics. A few represented in photographs here: Consuelo Beck-Sague, presented data on Birth Outcomes of Women Incarcerated in Georgia in 1998 and 1999. Debra Lenhart and Linda Wills, from the Los Angeles Sheriff's Department, presented the model from the Community Transition Unit.

Many other workshops represented programs on family dynamics, substance abuse and mental health issues, and corrections programs. ♦

CORRECTION:

The article on page 5 of the Inside Out Summer 2002 issue contained an article incorrectly titled, National Minority AIDS Council Prison Initiative. The correct title of that article is Exponents Inc. Eases Difficult Transitions.

NEW RESOURCES

In the Center of the Ring

A Guide for HIV Housing Search Advocates on How to Improve Your Act, 1998 (updated version available online). While emphasizing the housing situation in Massachusetts, this training guide for housing search advocates who serve people living with HIV/AIDS is relevant for advocates

amfAR Global Link (formerly the HIV/AIDS Treatment Directory)

This guidebook is designed for medical professionals and patients seeking technical information about HIV and opportunistic infections. It includes detailed descriptions of approved and experimental HIV drugs, articles on treatment trends and side effects and a directory of AIDS Drug Assistance Programs. This publication is free and can be ordered by calling 1-800-458-5231 or writing amfAR, Attn: Treatment Information Services, 120 Wall Street, 13th Floor, New York, NY 10005.

Email Listserv On HIV And Hep C In Prisons And Jails

PrisonPoz is an email listserv focusing on HIV and Hepatitis C in prisons and jails. More than 120 subscribers from across the country — service providers, activists, ex-prisoners, academics — use the listserv to discuss and share information and announcements in the field. Subscriptions are free. Email maddow@rcn.com for further information or to subscribe.

Email Listserv for the Care Act Community

HRSA HIV/AIDS Bureau's (HAB) HAB Information Email provides updates to HRSA/HAB grantees and others in the CARE Act community. The biweekly newsletter includes funding alerts, HAB policy updates, conference announcements and resources. To subscribe, contact Paula Jones at pjones1@hrsa.gov.

Link to HIV and Correctional Facilities Statistics

In 2000, 18 States Reported a Decrease in the Number of HIV-positive Prisoners and 29 Reported an Increase. "HIV in Prisons, 2000" (12 pp.) (NCJ 196023)

This annual report provides the number of HIV-positive and active AIDS cases among prisoners held in each State and the Federal prison system at yearend 2000. The report provides prison data on the number of AIDS-related deaths, HIV-testing policies, a breakdown for women and men with AIDS, and comparisons to AIDS rates in the general populations. Based on the 2000 Census of State and Federal Adult Correctional Facilities, the report also provides data on the number of HIV-positive prison inmates at midyear 2000. Also presented are the 25 facilities holding the largest number of HIV-positive inmates. The Bureau of Justice Statistics year 2000 US HIV/prisons report is now available online at this address: <http://www.ojp.usdoj.gov/bjs/abstract/hivp00.htm> ❖

NMAC Publications-Correctional Book Series:

First Steps - Understanding the Culture of Corrections

Published in 2000, this booklet offers an introduction to the culture of corrections and is designed to assist CBOs learning to work successfully within correctional facilities

Hitting the Bricks - The First 72 Hours

Published in 2002, this booklet discusses the issues facing former prisoners immediately upon their release and aims to familiarize CBOs with some of the services that can facilitate a successful transition from incarceration to society

January/February HIV Education Resource List for Corrections

This regularly updated publication provides a list of educational resources for the correctional setting, as well as general HIV/AIDS and Hepatitis C information that can be accessed by incarcerated individuals directly and/or by CBOs advocating on their behalf.

Mental Health and Substance Abuse Among Prisoners Living With HIV/AIDS

It is the third pamphlet of the Correctional Book Series. The MH/SA/ HIV provides information on this triple diagnosis and how these diagnosis are a major reason for the increase in incarceration rates in state and federal correctional facilities.

Pushing for Progress: HIV/AIDS in Prisons

In this new position paper, NMAC articulates a national agenda for addressing HIV/AIDS in the correctional environment. *Pushing for Progress* describes the scope of HIV/AIDS in prisons and jails, assesses previous efforts to address the epidemic and proposes a new, comprehensive and humane approach to HIV/AIDS prevention and treatment for prisoners.

For copies of NMAC materials please email dclark@nmac.org or write Dwight Clark at NMAC: 1931 13th Street NW, Washington, DC, 20009. ❖

2003 COMMUNITY PLANNING LEADERSHIP SUMMIT FOR HIV PREVENTION

PROGRAM SPONSORS:

Academy for Educational Development, Center for Disease Control and Prevention, National Alliance of State and Territorial AIDS Directors, National Minority AIDS Council

**March 12-15, 2003
Sheraton New York
New York, NY**

For more information call 202-483-NMAC(6622) or email info@nmac.com.
You can also visit www.nmac.org

New HIV Prison Statistics Released

The Bureau of Justice Statistics, part of the U.S. Department of Justice, has published a new statistical report on HIV in Prisons for the year 2000. The new data shows that 2.0% of all State and Federal prisoners were known to be HIV-positive in 2000, a slight decline from 2.1% in 1999. The rate of confirmed AIDS among State and Federal prisoners was 52 per 100,000 – about 4 times as high as the general population.

Advocates and practitioners in the HIV/prisons field rely on the annual Bureau of Justice Statistics reports for basic information about the state of the epidemic, and for trend-spotting in what may be to come in HIV/prisons epidemiology. We highlight some of the report's more interesting findings in this article, and encourage you to check out the report online at the Bureau of Justice Statistics website: www.ojp.usdoj.gov/bjs/

The distribution of HIV-positive prisoners varies widely across the country. For example, New York State alone had 6000 known HIV-positive prisoners in 2000 – more than all 25 Midwestern and Western states combined. New York, Florida, and Texas together housed nearly half of all known HIV-positive state prisoners.

In contrast, six states – Iowa, Arizona, Idaho, Oregon, and North and South Dakota – reported that less than 0.5% of prisoners were living with HIV/AIDS.

Percentage of State and Federal prisoners known to be HIV-positive, 2000

Northeast	5.2%
South	2.3%
Midwest	1.1%
West	0.9%

Among state and federal prisoners overall, 2.2% of males and 3.6% of females were known to be HIV-positive in 2000. In some jurisdictions, the proportion of women prisoners living with HIV/AIDS was truly

astounding: in Washington, DC, 41.0% of female prisoners (and 2.7% of male prisoners) were HIV-positive; in New York State, 18.2% of female prisoners (and 8.0% of male prisoners) were HIV-positive. In six states and the District of Columbia, more than 5% of the female prison population was known to be HIV-positive.

Highest Proportions of HIV-Positive Female Inmates, 2000

District of Columbia	41.0%
New York	18.2%
Nevada	12.4%
Maryland	9.8%
Florida	9.0%
Connecticut	8.1%
New Jersey	6.8%

Between 1995 and 2000, advances in the treatment of HIV/AIDS have translated into a drastically reduced AIDS-related death rate for State and Federal prisoners.

AIDS-related death rates per 100,000 State and Federal Prisoners, 1991-2000

1991	71
1992	83
1993	89
1994	104
1995	100
1996	90
1997	48
1998	30
1999	20
2000	14

In 2000, AIDS was the third leading cause of death in State prisons, following natural causes, and suicide. The AIDS death rates among prisoners varied widely across jurisdictions, from zero in about half of all states, to 80 per 100,000 in the District of Columbia and 67 per 100,000 in New Jersey and Florida.

Highest AIDS-related death rates per 100,000 prisoners, 2000

District of Columbia	80
New Jersey	67
Florida	67
Connecticut	44
New Hampshire	44
Pennsylvania	35
South Carolina	32
Alabama	30

The full report is called "HIV in Prisons, 2000" and can be accessed online for free at the Bureau of Justice Statistics website: www.ojp.usdoj.gov/bjs/ Alternatively, you can call the Bureau of Justice Statistics Clearinghouse to request a free copy, at 800-732-3277; ask for publication NCJ 196023. ❖

Conference

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needs assessments and training, collaboration with regional expert training resources, CBO linkage activities, specific curriculum development for various target audiences and TA opportunities at professional and corrections conferences.

HIV Prevention And Disease Screening In Correctional Facilities

Richard Moore, HIV/AIDS Bureau; Sofia Kennedy, Abt Associates; and David Andress, Duval County Florida Health Department

The panel presented data that correctional facilities throughout the United States are recording record numbers of infectious diseases and are an excellent site for education, screening and treatment of many infections.

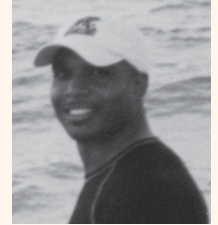
Each of the panels was well received and generated good questions about the demonstration projects, their issues and outcomes. ❖

Inside OUT Spotlight

Kendall D. Moore

Director, HIV Continuity of Care Chicago Department of Public Health

Dedication and commitment are the words to describe the work of Kendal Moore, Director of HIV Continuity of Care Program for the Chicago Department of Health. Moore provides oversight of the city's program linking HIV positive individuals with community-based services and is also involved in the CDC/HRSA Correction Demonstration Project (CDP) that is evaluating discharge planning for recently released HIV positive inmates in seven states. He is the state representative for Illinois. Inside OUT spoke to Moore recently, allowing him to discuss his work with the CDP and his thoughts on the problems that need to be addressed in both the HIV and Corrections fields.



Q: What motivated you to work in the field of human service?

A: Ever since I saw the mini-series "Roots" as a young boy, I've been interested in providing services to the underprivileged. As depicted in the television series, Africans were brought to this country in bondage, stripped of their freedom, their culture, their God and their basic tenets as human beings. Such is the case with those who are incarcerated. And in some instances with those who are not incarcerated.

As a child I didn't understand the full effects of racism and discrimination, only that it existed and was a part of our society. It wasn't until high school that I began to understand the economics of the world and that race matters. So it was those factors – coupled with the experiences of friends who have parents that are on drugs, my own family members who are incarcerated even to this day – that motivated me to work in the field of human services.

Q: Can you describe your work history and/or volunteer work you have done?

A: I've always enjoyed the grassroots level of my work experiences. I've been directly involved in the social services field for six years now. My experience being an HIV Peer Educator for the Illinois Department of Corrections was a catapult for my current ambitions.

As the Director of the Illinois Project I am responsible for the administrative oversight and see how policy affects the lives of so many. Yet many of those who dictate policy and think they know what's best are

many levels removed from the true issues. Fortunately, my personal experiences have kept me well grounded and in tune with the people this project ultimately serves. The folks that we're serving through this Project are the same folks that I return to in my community after a day's work. So my job doesn't stop at the end of the day, nor will it stop at the end of this Demonstration Project.

Q: Describe the problems that you observed in the field of HIV and Corrections?

A: HIV and Corrections is not on everyone's agenda as it should be. Statistics show that the prevalence rates among those that are incarcerated are 4-5 times higher than those in the general population. However, we operate as if those who are HIV+ and incarcerated are not going to return to the community some day.

There is a mysticism that surrounds HIV and Corrections. According to Departments of Corrections across the nation, sex does not exist in prison. Thus, how can a person unschooled in the corrections culture fathom that HIV is being transmitted inside? Some prisons administrators are about the bottom dollar. So, to identify individuals who are HIV+ and provide services for them would send their budgets through the roof.

What we're dealing with here are public servants (health departments) who feel that although people commit crimes, they still have basic rights to health care because eventually society on a whole will pay.

In addition, over 400,000 people will be released this year and return to their communities. Many will be released not knowing their status and those who do know their status will be lacking an adequate discharge plan due to the lack of funding and resources. Reintegration is difficult in itself. Add the difficulties of living with HIV to the reintegration process, and you've created a compounded set of issues. The stigma a person now faces is two-fold. It use to be taboo to be HIV +, and in many instances (especially in certain African-American communities) it still is. Couple that with being an ex-offender, and we are in a pandemic state.

Q: If you had a magic wand what would you wish would happen in Corrections?

A: That all African-Americans, and other ethnic groups discriminated against and abused by the system, would receive fair and impartial trials judged by a jury of "their" peers. And that those sentenced prior to the aforementioned suggestion be given new trials – not by others who have no idea of what it means to be a minority, from an economic and class view point, but by those who understand what it means to survive without the means and opportunities that other cultures were afforded. The current trends of corrections speak volumes. It's entirely systematic with no end in sight other than overhauling the system the same way the current governor of Illinois is overhauling the death penalty law. We need to take a good look at what we, as public servants and society, view as justice. ❖

How Did We Get Here? Women In Corrections

by Linda Levinson, RN, BA, Clinical Nurse Instructor, Corrections Technical Assistance and Training Project

The number of women newly incarcerated is increasing 5.2% annually, compared to the 3.7% increase for men and the total number of women in prison has doubled since 1990. By year-end 2001, women accounted for 6.6% of all prisoners, up from 6.1% in 1995. Women have unique issues that must be recognized and understood, particularly by those who will manage their discharge planning. Addressing the needs of women in corrections who have HIV/AIDS increases the complexity of the problem and presents case managers and discharge planners with an even greater challenge.

Ongoing research into the prevalence of HIV infected women in corrections indicates that the same risky behaviors that put women in prisons and jails also puts them at high risk for HIV. Understanding the profile of incarcerated women provides us with the fundamental building blocks to effective discharge planning.

Incarceration may afford women the first opportunity for health care. For those women who are already HIV positive, incarceration may provide them with much-needed disease management and an opportunity for effective discharge planning that

will insure them better health once they return to the community. It is also known that HIV education and programs that address critical issues such as sexual abuse, mental health issues, STDs and substance abuse will reduce the high risk for becoming HIV positive.

Clearly, women who are HIV positive in corrections have a complex set of needs to be met as they transition from corrections to the community. The inextricable issues of HIV, mental health and abuse complicate this transition. Housing, job training and treatment for HIV are just the beginning of the long list of needs that must be met. One must also consider the impact of an incarcerated mother on her children and their overall development. Dealing with HIV adds other burdens to the family and mandates even greater attention to discharge planning.

HIV Services for New Releases

by Dwight Clark, MBA, Prison Initiative, National Minority AIDS Council

John Wesley County Hospital, Inc. (JWCH) is one of the three new community based organizations (CBOs) that began providing services to recently released HIV positive inmates in Los Angeles County for the Centers for Disease Control (CDC)/Health Resources Services Administration (HRSA) Correction Demonstration Program. JWCH has a long history in providing social services to marginalized communities in southern California.

At the agency's 41st anniversary luncheon Russell Rhodes, director of Consumer Health Services, stated that JWCH's mission "is advocating for those who account for the vast numbers in the category of health disparities – a role JWCH Institute plays on a daily basis as it commits to providing services that meet an unquestionable standard of excellence."

"All our programs are designed and delivered with an underpinning philosophy based on a premise of egalitarianism that sees and responds to health conditions, not economic conditions," said Rhodes. "JWCH seeks ever to find ways to better meet client needs. The organization is fueled by an unwavering commitment to the value of wellness for

every human being and the benefit to the community arising from the accumulated potential of well-represented community members."

JWCH provides case management to HIV positive individuals from the Castaic Correctional Facility, located in the northern part of the county. Some of the services that are provided are transportation, housing, primary care and food. JWCH Executive Director, Phyllis Paxton commented, "We gain experience in serving ex-offenders vicariously, through providing services to the homeless on skid row where many who have been released from correctional facilities end up."

In its HIV/AIDS Case Management Program, JWCH offers two projects through which HIV individuals can receive benefits, the HIV Emergency Living Program (HELP) and the HIV and AIDS Transitional Shelter program (HATS). The Case Management Program is a five-month in-house program (30 days in the HELP and 4 months in HATS). All eligible clients are provided housing and meals throughout this period.

The goal of the Correctional Technical Assistance and Training Project (CTAT) is to work with discharge planners and other correctional personnel to acquaint them with the special needs of women in the criminal justice system. Trainings center around juxtaposing the profile of women in corrections with programs that address all the needs of these women. The curriculum is intended to help frontline staff in corrections find the most appropriate services and programs.

The project also deals with programs for women while they are incarcerated. These best practice models have been designed to address the unique needs of women we have addressed earlier in the training. We are particularly interested in educational programs that deal with the transmission, diagnosis, treatment and side effects of medications and the larger issue of the effects of HIV on children and the family.

This CTAT training is currently being presented statewide in Georgia and will be offered to the seven state grantees over the next year. Please contact CTAT at (404) 712-8447 if you would like more information on this training. ❖

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New County Hospital Services

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The program is offered to individuals who already have permanent housing as well. Clients range from undocumented individuals to the newly diagnosed and the elderly.

During this time clients are expected to follow certain rules and guidelines to continue receiving services. Each client must sign a voucher on a daily basis between midnight and 9:30 in the morning. This is part of the first step in empowering the client, how they pay rent while in the program. If a client does not sign for a period of three days or more, he/she becomes at-risk of losing housing.

While clients are residents of the program they are provided three meals a day. They are

given laundry tokens and detergents along with personal hygiene kits, snacks and soft drinks throughout their stay. As the housing component nears the end of the six months, the case manager assists the clients in seeking housing from the Los Angeles Housing Authorities.

Case workers serve four to six clients per day. The service could range from an intake and assessment to providing emotional support. Clients could walk up into the office and request anything from detox treatment to wanting to know how to fill out a job application.

For more information about JWCH, please contact Phylliss Paxton, Executive Director or Russell Rhodes, Director of Consumer Health Services at (213) 484-1186. ❖

Spotlight on Melinda Joyce Tinsley

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different ways: (a) the degree to which programs have secured sustained funding for their own services; (b) evidence of program stability and a more focused service outcome; and or (c) the extent to which program staff utilize other agencies to strengthen infrastructure (i.e., moving staff into alternate employment positions with greater responsibility or through training at external agencies).

When asked what she likes most about her job at HRSA, Tinsley states, "I am honored and intensely gratified to know that what I do everyday has a significant impact on the community at large, and that the impact of the SPNS program and my role as project officer ensures high quality services through designated demonstration projects that connect vulnerable populations (i.e. people) to appropriate care and services."

Tinsley's sentiments were seconded not long ago when a consumer at a HRSA/SPNS grantee meeting approached her. The consumer personally thanked Tinsley and

HRSA for giving her more access to care, and for giving her a chance to better her life and life circumstances. With that, says Tinsley, "I know I'm getting up and going to work for a reason."

Indeed, Tinsley has found her niche in the professional arena of life. Not surprising, her professional wish list extends far beyond the current intervention and programmatic/management roles she currently hold. She envisions her professional career evolving into one with increased responsibility and visibility as that of a writer and analyst. More so, she plans to remain at the forefront of the "revolving door" and among those who advocate for and implement programs that improve the quality of health care for the incarcerated and other marginalized populations; and that successfully integrate services and programs between Public Health and corrections.

As an avid bowler and church choir alto, Tinsley is disciplined, passionate and full of vision. One of three children and a native of Maryland, Melinda is a living example of her mother's solid advice, moral conviction, faith and prayer: "never give up – regardless of your circumstances." ❖

Save the Date Save the Date Save the Date

December 14-16, 2002

Medical Management of AIDS: A Comprehensive Review of HIV Management
San Francisco, CA

Contact: (415) 476-5808 or visit <http://medicine.ucsf.edu/cme/2002cal/K216.html>

December 15-19, 2002

HIV DART 2002: Frontiers in Drug Development for Antiretroviral Therapies
Naples, FL

Contact: (770) 946-3480 or info@informedhorizons.com

February 3-7, 2003

National Minority AIDS Council Regional Training
Houston, TX.

Contact: Stephanie Griffith (202) 483-6622 or sgriffith@nmac.org

February 10-14, 2003

10th Conference on Retroviruses and Opportunistic Infections
Boston, MA

Contact: (703) 535-6862 or info@retroconference.org

March 12-15, 2003

2003 Community Planning Leadership Summit for HIV Prevention
New York City, NY

Contact: Paul Woods (202) 483-6622 or pwoods@nmac.org

March 28-30, 2003

RCAP 2003 National Conference: HIV/STD Prevention in Rural Communities
Bloomington, IN

Contact: William Yarber (812) 855-7974 or aids@indiana.edu

March 30 – April 2, 2003

2003 15th National HIV/AIDS Update Conference: Focusing on the Frontlines
Naples, FL

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